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ABSTRACT

This handbook describes the steps that have been taken to control child abuse. Seven areas of this problem are covered: (1) reportable conditions: abuse and neglect defined; (2) persons required to make reports; (3) penalties for failure to report; (4) public education; (5) guardian ad litem (an attorney appointed by the court to represent an abused child in legal proceedings); (6) central registry; (7) child protection teams. Appendix A lists action on child abuse and neglect taken by every state and the District of Columbia. Appendix B lists the reporting statutes of every state, the specific citation of the statute, and when it was last amended. (JD)

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TRENDS IN CHILD ABUSE AND NEGLECT REPORTING STATUTES

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SP010 767

Child Abuse Project
Education Commission of the States

Report No. 95
January 1977

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From the ECS Child Abuse Project

Education Commission of the States
Denver, Colorado 80295
Warren G. Hill, Executive Director

January 1977

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Trends in Child Abuse and Neglect Reporting Statutes

In the early 1960s, the first child abuse and neglect reporting statutes were enacted. Since that time, all 50 states and the District of Columbia have passed some statutory provision for mandatory reporting of non-accidental injury to or neglect of children. These reporting acts have been extensively amended in many states since their original enactment; the changes in most cases demonstrate an increased public concern about child abuse and neglect, and a continually rising level of sophistication in the public response to that problem.

This publication will aid legislators, advocacy groups, and other public policy makers in their continuing efforts to meet the complex and awesome challenge posed by child abuse in this country. It does not merely catalogue the current status of all the states with regard to all elements of the various reporting statutes. Several areas of concern, in which public policy is as yet not fully developed, should be explored in more detail. To that end, an analysis of the trends, the issues and the problems posed by the following seven subject areas of the reporting and central registry field is presented:

1. Reportable conditions: abuse and neglect defined
2. Persons required to make reports
3. Penalties for failure to report
4. Public education
5. Guardian ad litem (an attorney appointed by the court to represent an abused child in legal proceedings)
6. Central registry
7. Child protection teams

While other subjects treated by the acts (immunities, confidentiality of reports) are important, nearly all states now have such provisions, and the energies of ECS and its audiences could be better spent considering areas of larger scope in which public policy is not yet fully developed.

For the benefit of the readers of this publication, two appendixes have been included. *Appendix A* is an updated version, current through the 1976 legislative session, of the chart published by ECS in the Summer 1976 (Vol. X, No. 3) issue of *Compact* and shows the current distribution by state of all of the elements of the reporting and central registry statutes. *Appendix B* is a list of citations to the state reporting and central registry statutes. In cases where a state has a definition of "abuse," or "neglect" that is separate from the reporting act itself, a citation to that definition has been included.

Reportable Conditions: Abuse and Neglect Defined

Essential to the functioning of most child abuse and neglect reporting acts are two elements: (1) reportable conditions of abuse or neglect, and (2) a class of persons required to make a report when they "reasonably believe" or "have reasonable cause to believe" that those conditions were caused by nonaccidental means or by abuse or neglect.

The development of the first element (reportable conditions of abuse and neglect) has demonstrated a steady trend toward broadening the class of conditions that are reportable under the statute and defining those conditions with greater particularity. Four principal classes of reportable conditions now appear in state reporting statutes (their distribution is shown in Appendix A). These classes are:

1. *Nonaccidental Physical Injury.* This element, or its equivalent, is currently a reportable condition in all 50 states and the District of Columbia.

2. *Neglect* is a reportable condition in 47 states and

the District of Columbia. (Those states not listing neglect as a reportable element under their reporting laws are Indiana, Maryland and Wisconsin.) It is most commonly defined in terms of failure to provide the necessities of life — food, clothing, shelter and medical treatment.

3. *Sexual molestation* has been recently added by many states as a reportable condition of child abuse. Currently, 37 states list sexual abuse as reportable under their laws (see Appendix A).

4. *Emotional and/or mental injury* is now a reportable element in 35 states and the District of Columbia. This element is often described as a secondary effect, i.e., a report must be made if the reporter reasonably believes that a child has suffered emotional distress or mental injury as a result of abuse or neglect.

Two further developments in the area of reportable conditions are significant. Some states now provide, apart from the category of reportable conditions, lists of "evidences of abuse," which serve as guidelines for those persons required to make reports. The statute usually emphasizes that conditions that must be reported are not limited to the "evidences of abuse" listed. Such conditions as malnutrition, bone fractures, internal or external bleeding, swelling, bruises, failure to thrive, burns, subdural hematoma, soft tissue swelling, and unexplained death are commonly listed as "evidences of abuse." [For examples, see *New Hampshire Revised Statutes Annotated*, Sec. 169:39 (1973 Supp.); *Colorado Revised Statutes*, 19-10-103(1)(a)(I) (1975 Cum. Supp.).]

A related development is the separation of the definition of reportable abuse or neglect from the section that mandates that reports be made. In 1973, only 18 states separated the definition of reportable elements from the section requiring certain persons to make reports. As of this writing, 40 states have separate definition sections,

as shown in Appendix A. It should be noted, however, that in a significant portion of those 40 states, definitions of "neglect," and sometimes "abuse" existed long before the reporting statute was enacted. These early definitions were primarily for use in conjunction with criminal statutes against abuse or neglect of children and had nothing to do with the reporting of abuse. The difference is important. Defining abuse for the use of a criminal statute assumes that the act has been discovered. The reporting acts, however, deal with a completely different problem. They are enacted to encourage the reporting of suspected abuse, and as such, require that "abuse" and "neglect" be defined in a manner that will help those required to make reports to identify the child in peril more quickly. Rather than dealing in conclusive language, they must give as many guidelines as possible for the aid of those persons required to make reports under the statute.

The current challenge in this field seems to be to communicate effectively to those mandated to make reports, exactly what *is* reportable; what the law means when it says "nonaccidental physical injury, neglect, sexual molestation or emotional distress/mental injury." A set of definitions of these elements, possibly backed by an explanatory list of "evidences of abuse," enacted for the benefit of the reporting act itself and with reporting of abuse as its goal, may be one way to translate the letter of the law into understanding.

Persons Required to Make Reports

When combined with the definition of reportable elements of abuse, the section on those persons mandated to make reports largely defines whether a report will be made in any given case. The trend in this area has consistently been to enlarge the group of persons mandated to make reports of suspected cases of child abuse or neglect. Professional medical people were the first to be included in the class of mandatory reporters. Currently, 45 states and the District of Columbia specifically require at least some medical professionals to make reports. Physicians and hospital staff are required by implication to make reports in three

additional jurisdictions. The following medical personnel are commonly included within the law's mandate:

- physician
- surgeon
- resident
- intern
- medical examiner
- coroner
- dentist
- osteopath
- podiatrist or chiropodist
- psychologist
- psychiatrist
- registered or licensed practical nurse
- hospital personnel actually engaged in the treatment or care of patients
- chiropractor
- optometrist
- mental health professional
- pharmacist
- Christian Science practitioner

While a few states include all those persons listed above, various combinations exist.

In 1973, 31 states required teachers or other school personnel to make reports. Since that time, six additional states have added education personnel. Also in 1973, only 10 states provided that persons in day care centers or child caring institutions make reports. Currently, some provision is made in 23 states for mandatory reporting from these centers. Thirty-two states, in 1973, mandated social workers to make reports. Four more states have since added this category.

Fourteen states, in 1973, required law enforcement personnel to report suspected child abuse or neglect. Currently, 26 states so require.

Twenty-one states now include "any person" having "reasonable cause to believe" that child abuse has taken place, to make reports along with the other persons in the mandatory reporting class. Twenty-two states provide for permissive reporting — encouraging, but not requiring, any person "with reasonable cause to believe" that child abuse has occurred to make reports. These permissive reports are to be made in the same manner as those required by the statute.

The underlying purpose in requiring a class of persons to make reports when they have reasonable cause to believe that a child has suffered from any of the

reportable conditions of abuse or neglect is to identify those children who are in peril, and as quickly as possible. Professional people who come in contact with the child are logical sources of reports. This is particularly true of schoolteachers and day care personnel, who have daily contact with children and are able to identify suspected abuse at a much earlier stage than most medical people. Preschool-age children who are not left at a day care center or other regular caring center seldom have any contact with any of the persons mandated to make reports until their cases are severe enough to require medical treatment. For this reason, the "any person" categories mentioned above are very important. Whether mandatory or permissive, they make it possible to identify the child in peril more quickly than would otherwise be the case.

Penalties for Failure to Report

While nearly all the states now require certain persons to make reports under the reporting act, not all reinforce this requirement with penalties for failure to comply with the law. In 1973, only 29 states had enacted penalties for failure to make reports as required. That number has increased to 35 in 1976. Of that number, 30 provide a criminal penalty only, one provides for a civil penalty only and four states provide both criminal and civil penalties. The state-imposed criminal penalty is normally a fine and/or imprisonment, ranging from $25 and/or 10 days up to $1000 and/or one year.

Civil penalties take the form of a state-sanctioned right of action (or right to sue) against the person required to make reports, for the damages or further injuries to the child caused by his willful failure to make reports as required by the statute. A typical example is a case in which the child could have been identified as an abused child and offered treatment and protection much earlier had the person made the report. Instead, the child may have been further abused. These further injuries, suffered *after* a report could have been made, would be the damages claimed in a civil lawsuit against the mandated reporter. The policy behind the state's support of this civil lawsuit is essentially that the person

required by the statute to make reports and having knowledge that the child was the subject of abuse, actually caused the additional injuries by not making the report in a timely fashion.

Those states providing for such a civil action are actually enlarging upon the common law of negligence, a nonstatutory body of law created by the decisions of the state courts when faced with similar cases. Under this court-made law, any person has the right to sue another to compel him to pay for damages to the first person brought about by the other's negligent conduct. The negligent conduct in a child abuse case would be a failure to report suspected child abuse when the reporter reasonably felt that it had occurred. The failure to report is negligent because it is logical to expect that such abuse, if allowed to go unreported, will continue.

Thus, the five states that have added civil penalties to their reporting laws are not "creating" civil liability where there was none before, but are enlarging the grounds upon which the child (normally acting through his or her guardian ad litem, or guardian at law) can sue someone who knew of his or her plight, and by not reporting it, allowed other injuries to occur. One ground for such an action has always been the concept of negligence: that it is negligent *not* to report child abuse, knowing it will continue if allowed to go unreported. The new basis for a lawsuit now added by the five states with civil rights of action is that failure to make a report, when required by the reporting act, is a reason to be sued for the further injuries to the child brought about by that failure to make the condition of the child known when first discovered.

In a recent decision, the California Supreme Court has held that both these grounds (common law, or caselaw negligence, and willful failure of a mandated reporter to make a report), are available to the child further injured or abused by that failure to make a report. In *Landeros v. Flood*, [131 Cal. Rptr. 69 (1976)] the court held that a child who suffered further abuse following treatment

by the defendant physician had valid causes of action against the physician under both the mandatory reporting statutes in California, which required doctors to make reports, and under the common law, or caselaw, of negligence. The doctor had cause to know that abuse had occurred, but did not make a report. At issue in the case was whether the physician had "reasonable cause to believe," as required by the statute, that the child had been abused. This in turn depended upon the diagnosis of the injuries for which the child was first brought to the hospital. The court concluded that the doctor should have diagnosed as nonaccidental physical injury the child's broken leg, primarily because of evidence that it had been broken by a twisting force and for which there seemed to be no plausible natural explanation. Further evidence indicated that the child demonstrated fear and apprehension when approached, and had numerous bruises and abrasions over her entire body.

In essence, the *Landeros* court subjected the defendant doctor's inaction in failing to make a report to the traditional tests applied by the courts in the many other negligence cases decided under caselaw previously: the tests of "reasonableness," and "foreseeability." Essentially, this means that a reasonable person, having been presented with the injuries described above, should have suspected the nonaccidental, abusive origin of the girl's injuries and should have acted accordingly by making the report as required by the statute.

This failure to act was negligent, because again, the reasonable person would expect that further injury would occur if the abuse were not reported. It is this further injury that was "reasonably foreseeable," and for which the doctor can be held responsible in a civil lawsuit.

Thus, while the addition of state-sanctioned civil rights of action, or civil lawsuits, brought by the child for the additional injuries suffered by him or her, will lend some impetus to civil lawsuits for damages generally, the

right to do so has always existed outside the reporting law. It should be noted, however, that prosecutions for failure to report have been very rare. Whether the *Landeros* decision is a harbinger of things to come remains to be seen.

Public Education

Public understanding of child abuse as a complex social problem, rather than merely a medical one, is truly the key to its eventual solution. Public understanding, in this context, means two things: first, the general public must be made aware that the problem exists and is more complex than sensational newspaper accounts have perhaps made it. Second, those persons mandated to make reports under the state reporting act must be made aware of their responsibilities under the law.

States have addressed this challenge in two ways: first, some states have written a "public education" commitment into law and appropriated monies to pay for it. Second, increasing attention has been focused upon the people who start the entire reporting and treatment process — the people required to make reports under the statute. Better definitions of the conditions that are reportable, supplemented with the "evidences of abuse" listed on page 3, can aid the mandated reporters in carrying out their responsibilities. However, it is a fact that many of these mandated reporters are totally unaware of the law and their responsibilities under it. Without them, the definitions are useless.

Recognizing the potential problem, seven states now provide some form of education and training for those mandated to make reports under the statute. Of those states, five have also made commitments to general public education and awareness programs.

Guardian ad Litem

All but seven states now either require or permit the appointment of a guardian ad litem (legal representative) for children in child abuse and neglect cases. Those states not making provision for the appointment of such law guardians are Delaware, Kentucky, Maine, Nevada, North Carolina, South Carolina and West Virginia. Many

of the provisions are found in the juvenile court law rather than the reporting act. Approximately 25 states *require* that a guardian ad litem be appointed by the court to represent the child in a proceeding concerning child abuse. The remainder *permit* such an appointment, usually upon a finding by a judge that adequate representation of the child's interests requires it.

Rather than pursuing an adversarial role, the guardian ad litem is appointed by the court, as an officer of the court, to aid the court in executing its duty as *parens patrie* (public responsibility to intervene on behalf of abandoned, abused or neglected children) for the child. The compelling reason for the move by the major portion of the states toward the guardian ad litem concept seems to be to guarantee the child *independent* legal representation for his or her interests. This follows from the recognition that the child's interests in the typical three-sided abuse or neglect proceeding either do not identify with or are adverse to those of the state or the parents (the other two parties to such a proceeding). The clear trend in this area, recognizing the need for independent representation, is to require, rather than merely permit, the appointment of a guardian ad litem for the child in abuse or neglect proceedings.

Central Registry

Thirty-nine states have enacted provisions within their reporting laws for a central registry of child abuse and neglect reports mandated by the law. An additional nine states and the District of Columbia maintain some form of administratively created central registry, leaving only two states without at least some provision for maintaining the reports that the law requires (New Mexico and Utah). In 1973, 33 states mandated central registries by law, while registries were maintained administratively in 13 other states and the District of Columbia. This in turn compares to 19 mandated registries and 26 administrative ones in 1970. The trend is clearly to enact into law a central registry that was in most cases already functioning. This function is administered by the state social service agency.

Central registries of child abuse and neglect reports can

be made more than a statistical, record-keeping function. It is widely believed that abusive parents or other guardians of children attempt to hide the fact of their abuse by taking the child to a different hospital or doctor each time they decide to obtain medical care. In such cases of "hospital shopping," or "doctor shopping," the attending physician is without information concerning the child's medical history. Without this knowledge, doctors may be less willing to diagnose or report child abuse in that particular case. In those states with central registries that give doctors access to reports made on any given child (often by providing a 24-hour toll-free telephone number at which the registry can be reached), the doctor can quickly determine whether the child has suffered similar injuries in the past as a result of abuse. If so, the doctor is aided in diagnosing the current injury and making a report of suspected child abuse or neglect if it is warranted.

It should be recognized at this time that the use to which reports collected in the central registry are put is the subject of much controversy. While it is true that a doctor may be aided in treating a child if the past history of abuse reports is known, two drawbacks exist:

1. If there is no history of child abuse reports on the child, the doctor may be influenced not to diagnose the current injuries as abuse or to make the first report on the child.

2. If there *is* a history of child abuse reports on the child, the doctor may be unreasonably influenced by them in making the diagnosis of the current injury and may diagnose and report child abuse when in fact it has not occurred.

Thus, a serious question exists whether the value of central registries as a diagnostic aid is overshadowed by the undue influence caused by knowing the past history of the child. Accordingly, the only problem-free function of central registries may be for recordkeeping and statistical purposes.

Twenty states now grant specific access to doctors or hospital personnel for the diagnostic purposes discussed above. In some states, a doctor must have a child before him whom he has "reasonable cause to believe" is an abused child. In others, doctors are given unqualified access. It should be noted that in most of the states that do not specifically grant doctors or hospital personnel access to the central registry, there is some provision for release of information to persons showing a proper purpose.

Primarily, administrative regulations defining "proper purpose" look to the use of the information by professionals in their professional capacity. [For example, see *Washington Administrative Code*, Sec. 388-16-545 (Supp. #14, 2/1/75).] The category of persons given access to central registry information often includes persons or organizations engaged in "bona fide research activity." [For example, see *New York Social Service Law*, Title 6, Sec. 422(4)(h).] Fifteen states now give access for such research purposes, usually requiring that no names be given out.

Child Protection Team

Recent amendment activity in the reporting field has indicated an increased state involvement in the child abuse reporting and treatment process. Six states now specifically mandate the creation of multidisciplinary child protection teams, and two more recognize the interdisciplinary nature of the child abuse problem and allow for such services to be made available. These eight states are California, Colorado, Louisiana, Michigan, Missouri, Pennsylvania, Rhode Island and Virginia. Recognizing that child abuse is not merely a medical problem, but rather involves the parents as well as the child in a complex social situation, members of multidisciplinary teams are drawn from many professions. For example, *Colorado Revised Statutes* 19-10-104 (1975 Cum. Supp.) includes the following persons in the team: physician, representative of the juvenile court or district court with juvenile jurisdiction, state social service agency, the local law enforcement agency, county health department, mental health clinic, public

health department, attorney, public school district and one or more representatives of the lay community.

The object of these teams is to provide the child and his or her parents with the full range of social, medical, legal and psychological services needed for complete treatment of what is a complex family problem. While it may not be necessary to provide for a formal "team" as such, it would seem beneficial to provide the agency responsible for action upon receipt of reports with a mandate for action that recognized the truly interdisciplinary nature of the child abuse problem.

	Federal P.L. 93-247	Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	Dist. of Columbia	Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland	Massachusetts
Elements of reportable abuse:																							
nonaccidental physical injury	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
neglect	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x		
sexual molestation	x	x			x	x	x	x	x		x	x	x	x	x			x	x		x	x	
emotional/ mental injury	x	x		x	x	x	x	x	x	x	x	x	x	x	x			x	x	x	x		
Reportable age:																							
0-18 years	x	x		x	x	x	x	x	x		x	x	x	x	x		x	x	x	x	x	x	
0-18, or 0-21 if physically or mentally handicapped																							
other			x						x		x												x
Persons mandated to report:																							
medical personnel involved with treatment or care		x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x
educational personnel		x	x		x	x	x	x	x		x	x	x	x	x		x	x	x	x	x		x
day care personnel		x			x	x	x	x	x		x			x	x		x		x		x		
social service workers					x	x	x	x			x	x	x	x	x		x	x	x	x	x	x	x
law enforcement personnel		x	x		x			x				x			x		x	x	x		x	x	x
any person								x	x		x			x		x			x	x		x	
Penalty for failure to report:																							
criminal		x		x	x	x	x	x	x		x					x	x	x	x	x	x		
civil					x		x										x						

APPENDIX A
STATE ACTION ON CHILD ABUSE AND NEGLECT

Michigan	Minnesota	Mississippi	Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York	North Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia	Wisconsin	Wyoming	Totals
x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	51
x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	48
x	x	x	x	x	x	x	x	x		x			x	x	x	x	x					x	x	x	x			x	36
x		x	x	x	x	x	x	x		x			x	x		x	x		x		x	x		x	x				36
x		x	x	x		x	x	x	x	x	x	x		x	x	x	x		x	x	x	x		x	x	x	x	x	42
													x																1
	x				x													x					x						8
x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x				x	x	x	x	x	x	46
x	x	x	x	x	x				x	x	x	x	x		x	x			x					x	x	x	x	x	37
x	x	x	x			x				x		x	x		x	x								x					23
x	x	x	x	x	x	x			x	x	x	x	x		x	x			x					x	x	x	x	x	36
x	x	x	x	x					x	x	x	x			x	x			x				x	x					26
				x	x		x	x	x		x		x				x	x		x	x	x						x	21
	x		x	x		x	x	x	x	x		x		x	x	x		x	x	x		x	x	x	x		x		34
x										x																			5

	Federal P.L. 93-247	Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	Dist. of Columbia	Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland	Massachusetts
Immunities for reporters:																							
criminal	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
civil	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Mandatory investigation of reports	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Form of report:*																							
oral		x		x	x	x	x	x	x	x	x	x	x				x	x	x	x	x	x	x
written		x		x	x	x	x	x	x	x	x	x	x				x		x	x		x	x
When report must be made:**																							
immediately		x		x	x		x	x	x	x	x	x	x			x	x		x	x	x		x
within 48 hours						x																x	
within 72 hours								x															
"promptly," "as soon as possible"	x																	x					
Confidentiality of records	x	x	x	x	x		x	x	x		x	x	x	x			x	x	x	x	x		x
Required interagency cooperation	x				x	x	x	x			x						x						
Administrative proceedings, personnel training	x				x	x	x	x			x						x						
Responsibility for public education	x					x																	
Guardian ad litem	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x		x	x		x
Separate definition section, including "abuse" and/or "neglect"		x	x	x	x	x	x		x		x		x	x	x		x	x	x	x	x	x	
Central registry		x	x	x	x	x	x	x	x		x		x	x	x		x	x		x		x	x

*Only required reports are included in the chart. The state may permit other forms of reporting.
**Refers to oral report.

This information covers the legal provisions or requirements in child abuse and neglect reporting state statutes and the federal P.L. 93-247 as of November 1976. In some states, internal procedures have been developed to cover elements not specifically mandated by the laws in those states, particularly the central registry.

Michigan	Minnesota	Mississippi	Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York	North Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia	Wisconsin	Wyoming	Totals
x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	50
x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	50
x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	49
x	x	x	x	x	x	x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	44
x	x	x	x	x	x	x	x			x		x	x			x	x						x			x	x		32
x	x	x					x		x	x		x	x		x	x	x	x	x		x			x	x		x	x	34
																													2
																													1
				x		x	x															x				x			6
x	x	x	x	x		x	x	x		x	x	x	x	x	x	x	x		x	x		x	x	x	x		x		40
x			x			x		x				x	x			x				x	x			x			x		17
x			x			x				x		x	x			x								x			x		15
x			x							x						x								x					6
x	x	x	x	x	x		x	x	x	x		x	x	x	x	x	x		x	x	x	x	x	x	x		x	x	44
x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					x	x	x	x			x	40
x			x	x	x	x	x	x		x	x		x	x	x	x	x	x	x	x	x		x	x	x			x	39

APPENDIX B

STATE REPORTING STATUTES

State	Last Amended	Citation
Alabama	1975	ALA. CODE tit. 27 sec. 20 - 25 (1975 Interim Supp.)
Alaska	1971	ALAS. STAT. 47.17.010 - .070; (1975 Cum. Supp.)
Arizona	1970	ARIZ. REV. STAT. sec. 8-546 - 8-546.04; 13-842.01 (1975 Supp.)
Arkansas	1975	ARK. STAT. ANN. sec. 42-807 - 42-818 (1975 Cum. Supp.)
California	1974	CAL. PENAL CODE sec. 11110; 11160.0 - 11162; HEALTH AND SAFETY CODE sec. 306.6; WELF. AND INSTITUT. CODE sec. 18950 - 18962 (1975 Cum. Supp.)
Colorado	1975	COLO. REV. STAT. ANN. sec. 19-10-101 - 19-10-115 (1975 Cum. Supp.)
Connecticut	1975	CONN. GEN. STATS. ANN. sec. 17-38a - 17-38e (1975 Cum. Supp., as amended by PA 76-27, 1976)
Delaware	1971	DEL. CODE ANN. tit. 16, sec. 901 - 909, (1975 Cum. Supp., as amended by HB 1111, 1976)
District of Columbia	1966	D.C. CODE sec. 2-161 - 2-166; 16-2301(9), (1973 Edition)
Florida	1975	FLA. STAT. ANN. sec. 827.07 (1-13) (1975 Cum. Supp., amended 1976, HB 3940)
Georgia	1975	GA. CODE ANN. sec. 74-111 (reporting); sec. 99-4301 - 4304 (confidentiality of records) (1976 Cum. Supp.)

State	Last Amended	Citation
Hawaii	1975	HAWAII REV. STAT. sec. 350-1 - 350-5; 346-1 (def.) (1975 Supp.)
Idaho	1973	IDAHO CODE sec. 16-1601 - 1629; (1976 Cum. Supp.)
Illinois	1975	ILL. STAT. ANN. tit. 23, sec. 2051 - 2061 (Smith-Hurd, 1975 Cum. Supp.)
Indiana	1971	BURNS IND. STATS. ANN. (code edition) sec. 12-3-4.1-1 - 12-3-4.1-6 (1976 Cum. Supp.)
Iowa	1974	IOWA CODE ANN. sec. 235A.1 - 235A.24; 232.2(15) (def. of neglect; not reportable) (1975 Cum. Supp.)
Kansas	1975	KAN. STAT. ANN. sec. 38-716 - 38-724 (1975 Cum. Supp.)
Kentucky	1972	KY. REV. STAT. ANN. sec. 199.335; 199.990 (7 & 8) (penalties); 199.011 (6) (def.: "abused or neglected child") (Baldwin's 1975 Repl. Vol.)
Louisiana	1975	LA. REV. STAT. ANN. sec. R.S.: 14:403(A-I); 46:52(16); 46:65 (West's, 1975 Cum. Supp.)
Maine	1975	ME. REV. STAT. ANN. tit. 22, sec. 3851-3860 (1975 Cum. Supp.)
Maryland	1975	MD. ANN. CODE art. 27, sec. 35A(a-i) (1976 Cum. Supp.)
Massachusetts	1973	MASS. ANN. LAWS ch. 119, sec. 51A-G (1975 Cum. Supp.)
Michigan	1975	MICH. STATS. ANN. sec. 25.248(1) - 25.248 (16) (1976 Cum. Supp.)
Minnesota	1975	MINN. STAT. ANN. sec. 626.556(1) - 626.556 (11); 260.015(10) (definition) (1975 Cum. Supp.)
Mississippi	1975	MISS. CODE sec 14.21.5 - 14.21.27 (1972 Annotation, 1976 Cum. Supp.)

State	Last Amended	Citation
Missouri	1975	MO. ANN. STAT. sec. 210.110 - 210.165 (Vernon's, 1975 Cum. Supp.)
Montana	1974	MONT. REV. CODES sec. 10-1300 - 10-1322 (1975 Cum. Supp.)
Nebraska	1975	NEB. REV. STAT. sec. 28-1501 - 1506 (1974 Supp., added by LB 20, Acts of 1975)
Nevada	1975	NEV. REV. STAT. sec. 200.501 - 508; 432.090 - 432.130 (1975 Supp.)
New Hampshire	1975	N.H. REV. STAT. ANN. sec. 169:37 - 45 (1973 Supp.)
New Jersey	1974	N.J. STAT. ANN. sec. 9:6-8.8 - 8.32 (1975 Cum. Supp.)
New Mexico	1975	N.M. STAT. ANN. sec. 13-14-1 - 13-14-3; 13-14-14.1 - 13-14-33; 13-14-25(G), 13-14-43 (1976 Supp.)
New York	1974	N.Y. FAM. CT. ACT tit. 6, sec. 411-428; art. 10, sec. 1012 (McKinny Supp., 1975, as amended by S.10034, 1976)
North Carolina	1975	N.C. GEN. STAT. sec. 110-115 - 110-122; 8-53.1; 7A-278 (1975 Cum. Supp.)
North Dakota	1975	N.D. CENT. CODE sec. 50-25.1-01 - 50-25.1-14; 27-20.02(5) (1975 Cum. Supp.)
Ohio	1975	OHIO REV. CODE ANN. sec. 2151.031; 04; 2151.05; 2919.22; 2151.421; 2151.27; 2151.31; 2151.33; 2151.53; 2151.281; 2151.351 (Page's 1975 Cum. Supp.)
Oklahoma	1975	OKLA. STAT. ANN. tit. 21, sec. 845-848 (1975 Cum. Supp.)
Oregon	1975	ORE. REV. STAT. sec. 418.740 - 775; 990 146.750, 760, [illegible] (1975 Supp.)
Pennsylvania	1975	PURDON'S PA. STAT. ANN. tit. 11, sec. 2101 - 2126 (1975 Cum. Supp., as amended by SB 25, Acts of 1975, No. 124)

State	Last Amended	Citation
Rhode Island	1975	R.I. GEN. LAWS sec. 11-9-3; 11-9-5; 11-9-5.1; 11-9-5.2; 14-1-3(H); 40-11-1 - 40-11-16 (1975 Supp., as amended by HB 7525, 1976)
South Carolina	1974	S.C. CODE ANN. sec. 15-1103(11) (neglected child); 20-310 - 20-310.6; 31-61 (abandoned or abused child) (1975 Cum. Supp.)
South Dakota	1975	S.D. COMP. LAWS ANN. 26-8-6; 26-10-1; 26-10-15 (1976 Supp.)
Tennessee	1975	TENN. CODE ANN. ch. 37, sec. 1201 - 1212; 101 (def.) (1975 Cum. Supp.)
Texas	1975	VERNON'S TEX. CODES ANN. Family Code: sec. 34.01 - 34.08; 35.04; Civil Code: art. 2330 (1975 Cum. Supp.)
Utah	1975	UTAH CODE ANN. sec. 55-16-1 - 55-16-7 (1975 Supp.)
Vermont	1974	VT. STAT. ANN. tit. 13, sec. 1351-1356 (1976 Cum. Supp., as amended by S.148, 1976)
Virginia	1975	CODE OF VA. tit. 63.1, sec. 248.1 - 248.17 (1950 ed., 1976 Supp., as amended 1976)
Virgin Islands	1970	VIRG. IS. CODE ANN. tit. 19, sec. 171 - 176 (1975 Cum. Supp.)
Washington	1975	WASH. REV. CODE ANN. sec. 26.44.010 - 26.44.110; 26.37.020; 26.37.040 (1975 Supp.) WASH. ADMIN. CODE sec. 388-16-500 - 388-16-545 (1975 Supp., as amended by ch. 217, Laws of 1975)
West Virginia	1970	W. VA. CODE ch. 49, sec. 1-3; 6A-1 - 6A-4 (1976 Cum. Supp.)
Wisconsin	1975	WISC. STATS. ANN. sec. 48.981; 905.04(4)(e) (1975 Cum. Supp.)
Wyoming	1971	WYO. STAT. ANN. sec. 14-28.7 - 14-28.13 (1975 Cum. Supp.)

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